The truth about ACE implementation in primary care settings: The good, the bad, the in-between

Sheila Modir, PhD, ABPP
Disclosure

I have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products sed by or on patients.

I do not intent to discuss an unapproved/investigative use of a commercial product/device.

I work for CHOC and I am the Clinical Champion of the PRACTICE grant
What makes this presentation unique?

This training was created for providers, by providers!
Objectives

• To explain trauma-informed care principles and provide concrete examples
• To discuss how to integrate the ACE screening into clinical workflow
• To identify barriers to ACE screening implementation and ways to manage these barriers
• To discuss effective and efficient ways of explaining ACEs, toxic stress, and stress busters to patients
What is an Adverse Childhood Experience (ACE)?

Stressful or traumatic experiences people have by age 18 that were identified in the landmark 1998 study by the Centers for Disease Control and Prevention and Kaiser Permanente.

They relate to 10 categories of adversities in three domains: abuse, neglect, and/or household dysfunction.
10 Categories for Adverse Childhood Experiences

The three types of ACEs include:

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
Prevalence of ACE in California

Californians who have experienced at least 1 ACE
- Have experienced at least 1 ACE
  - 62%
- Have experienced at least 1 ACE
  - 38%

Californians who have experienced 4 or more ACEs
- Have experienced 4 or more ACEs
  - 16%
- Have experienced 4 or more ACEs
  - 84%

Life expectancy of a person with six or more ACEs is **20 years shorter** than a person with no ACEs
"This is treatable, this is beatable. The single most important thing that we need today is the courage to look this problem in the face and say this is real, and this is all of us."
- Nadine Burke Harris

### ACE Prevention and Intervention at all levels

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
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</table>
| Strengthen economic supports to families     | • Strengthening household financial security  
  • Family-friendly work policies              |
| Promote social norms that protect against violence and adversity | • Public education campaigns  
  • Legislative approaches to reduce corporal punishment  
  • Bystander approaches  
  • Men and boys as allies in prevention       |
| Ensure a strong start for children           | • Early childhood home visitation  
  • High-quality child care  
  • Preschool enrichment with family engagement |
| Teach skills                                 | • Social-emotional learning  
  • Safe dating and healthy relationship skill programs  
  • Parenting skills and family relationship approaches |
| Connect youth to caring adults and activities| • Mentoring programs  
  • After-school programs                                                                   |
| Intervene to lessen immediate and long-term harms | **Enhanced primary care**  
  • Victim-centered services  
  • Treatment to lessen the harms of ACEs  
  • Treatment to prevent problem behavior and future involvement in violence  
  • Family-centered treatment for substance use disorders |
Primary care is the ideal focal point for making available knowledge about ACEs’ impact on health and offering needed information and links to interventions.”

Why primary care settings?

- Trusted patient-provider relationship
- Continuity of care
- Health experts
- Access to diverse & hard-to-reach populations

Liu, 2021
The ACEs Aware initiative offers training, screening tools, clinical protocols, and information for Medi-Cal providers on how to receive payment for screening children and adults for ACEs.

- Effective January 1, 2020, qualified Medi-Cal providers are eligible for a $29 payment for screening patients up to age 65 with full-scope Medi-Cal using a qualified screening tool.
- As of July 1, 2020, to receive payment, providers must have completed a certified training and self-attested to completing it.
- Course can be accessed at: https://training.acesaware.org/
Providers should follow these steps to receive Medi-Cal payment from the Department of Health Care Services (DHCS) for ACE screenings:

1. **Get Trained**
   - Screen for ACEs, Assess Risk for Toxic Stress,
   - Respond with Evidence-Based Interventions, &
   - Implement Trauma-Informed Care

2. **Screen for ACEs, Assess Risk for Toxic Stress, Respond with Evidence-Based Interventions, & Implement Trauma-Informed Care**

3. **Receive Medi-Cal Payment**

4. **Help Advance the Health Care System**

[https://training.acesaware.org/](https://training.acesaware.org/)
Steps for ACE screening implementation

✓ Complete ACE training
✓ Consider factors in developing a trauma-informed clinic
✓ Develop a clinic workflow
✓ Identify barriers to implementation and find helpful solutions
✓ Reach out to QIA team for support
✓ Talk about toxic stress and stress busters in a quick and effective manner
Trauma-informed care principles

Concrete examples you can quickly implement
Trauma-Informed Care (TIC) Principles

• Establish the physical and emotional safety of patients and staff

• Build trust between providers and patients

• Recognize the signs and symptoms of trauma exposure on physical and mental health

• Promote patient-centered, evidence-based care

• Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment

• Provide care that is sensitive to the patient’s racial, ethnic, and cultural background, and gender identity
What does trauma-informed care mean to you?

“Understanding that past childhood trauma and events could lead to adverse outcomes later on, during childhood and later in life. It is important to screen for these events and address them because overall we want patients’ health to improve...whether from physical or behavioral health standpoint.”

“Empathizing with them [the patients] that it is tough and what can we do to work together to provide a safer environment...I don’t think they feel offended when I bring that up. When you come from a collaborative standpoint, they are pretty receptive.”
TIC Staff-Patient Interactions

• Assessing comfort
• Providing language-appropriate resources
• Consideration of cultural and diversity factors
• Privacy

Trauma-Informed Care Overview (acesaware.org)
TIC Clinic Layout

Which one has a trauma-informed design?
Instead of thinking “What's wrong with you?” rephrasing it to “What happened to you?”

Instead of thinking “I must fix you” thinking “I must understand you.”

TIC Physician-Patient Interactions
TIC for Taking Care of Staff

- Email-based wellness program
- In-house mental health resources for staff
- Providing staff with a safe space where they feel supported and seen
- Additional training and support
  - Diversity, equity, and inclusion
  - Examining systemic issues in health care
  - Motivational interviewing
  - Compassion fatigue
  - Managing stressful conversations
  - Supporting anxious patients

Chelius, Fetzner, & Lerner, 2021
How do I include an ACE screener in my office workflow?

Integrating the ACEs screener into your clinical workflow
Pediatric ACE Screening Clinical Workflow

Registration or clinical staff reviews patient's record to determine if PEARLS screen indicated during visit. Staff provides PEARLS tool to caregiver (0-19 years) and/or patient (12-19 years) in private setting.

Caregiver (0-19 years) and/or patient (12-19 years) completes PEARLS.

Provider provides education about how ACEs and buffering practices and interventions can affect health and offers patient/family opportunity to discuss and/or complete PEARLS screen.

Screen incomplete

Provider or Medical Assistant transcribes ACE score (Part 1 of PEARLS tool) into EMR.

Provider reviews screen with patient/family and follows appropriate risk assessment algorithm: incomplete or at low, intermediate, or high risk for toxic stress.

Provider documents ACE score, billing code,*, and treatment plan, follow-up in visit note.

Provider reviews ACE score, treatment plan, and follow-up prior to next visit; at next visit, updates as needed.

*PEARLS is recommended to be completed once per year.

Available at: ACEsAware.org/clinical-assessment
Office workflow: Meet Dr. Chai

Bristol McFadden Medical Group:
- Mother and son practice with 3 PA’s
- 2 Locations in Orange County
- Actively uses the OC Children’s Screening Registry
Office workflow: Meet Dr. Damikolas

- Regional Medical Director of AltaMed Orange County
- FQHC with 6 locations in OC and multiple locations in LA county
- AltaMed currently has over 65 employed providers which includes physicians and mid-levels. Their four specialties are: general practice, family practice, pediatrics, internal medicine.
### Key Elements of Clinical Workflow

<table>
<thead>
<tr>
<th>Step</th>
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<tbody>
<tr>
<td>Administration of tool</td>
</tr>
<tr>
<td>Form completion</td>
</tr>
<tr>
<td>Review and scoring of completed tool</td>
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<tr>
<td>Application of clinical algorithm and determination of clinical response to a positive ACE screen</td>
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<tr>
<td>Follow-up plan</td>
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<tr>
<td>Documentation &amp; tracking</td>
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<tr>
<td>Medi-Cal billing</td>
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Barriers to implementation

What are they and how do we address them?
### Barriers based on CHOC survey data (n=27)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Barrier Description</th>
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<tbody>
<tr>
<td>57%</td>
<td>Better referral information</td>
</tr>
<tr>
<td>48%</td>
<td>More staff training or education</td>
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<tr>
<td>37%</td>
<td>Improved technology to facilitate referrals</td>
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<tr>
<td>18.5%</td>
<td>Additional staff</td>
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<tr>
<td>7%</td>
<td>Other</td>
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</tbody>
</table>
Barriers based on physician interviews

Lack of time

“In terms of deep diving [into conversation about stress busters], I don’t feel like I have the opportunity there or maybe I don’t have the resources to sit down and talk to them a little bit longer. I guess the challenge is time for us.”

The biggest barrier is survey fatigue because this is another survey the family has to do. It might help if the families could do the surveys beforehand. The feedback I got is that there is just so many surveys.”

Lack of resources

“The biggest challenge is getting the patient connected to a counselor or therapist. Most of our patients are CalOptima and we go through the CalOptima Behavioral Health line...sometimes the list they have to connect with behavioral health providers aren’t the best. A lot are not taking new patients, or they don’t have availability for a couple months.”

Survey fatigue
Top 4 concerns related to administering the ACE screener across diverse populations

- Concerns about cultural barriers or misunderstandings
- Discomfort related to explaining ACEs and toxic stress across various cultures
- Language barriers
- Mental health stigma
<table>
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<tr>
<th>Language</th>
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<tr>
<td>Arabic</td>
<td>+</td>
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<tr>
<td>Armenian</td>
<td>+</td>
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<tr>
<td>Cambodian</td>
<td>+</td>
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<tr>
<td>Chinese</td>
<td>+</td>
</tr>
<tr>
<td>English</td>
<td>+</td>
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<tr>
<td>Farsi</td>
<td>+</td>
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<tr>
<td>Hindi</td>
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<td>Hmong</td>
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<td>Japanese</td>
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<td>Korean</td>
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<td>Lao</td>
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<td>Punjabi</td>
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<td>Russian</td>
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<td>Spanish</td>
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<td>Tagalog</td>
<td>+</td>
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<tr>
<td>Thai</td>
<td>+</td>
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<tr>
<td>Vietnamese</td>
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What we do know based on the research

• Research has looked at ACE screening across various clinical settings, provider types, practice types, locations, and patient populations
  • Timing is not an issue
  • Provider concerns, discomfort, nerves are common
  • Patients are willing to complete questionnaire
  • Strengthens relationships
  • Improves understanding
  • Improves referral networks and coordination
  • Emphasizes connection between physical and mental health

Rariden et al., 2020; Collin-Vézina et al., 2020; Kia-Keating et al., 2019; Liu et al., 2020; Bhushan et al., 2020
Barriers and solutions

Lack of time

AAP-AACAP-CHA declared child and adolescent mental health a crisis due to the pandemic. There have been soaring rates of referrals for mental health challenges, however, not every patient needs mental health services. The use of stress buster handouts and engagement in the stress busters have been found to be helpful in managing toxic stress.

62% of CHOC physicians reported it takes them 1-5 minutes to review ACEs.

Today we will discuss a quick and effective way of discussing ACEs.

Lack of resources

Pediatricians have reported that the ACE screener is one of the simpler survey that patients have to fill out compared to other surveys. In general, they report positive responses from patients related to being asked these questions.

Survey fatigue
How are CHOC physicians doing with the ACE screening implementation?

- 78% use ACEs screener
- 84% provide referrals to patients for all positive screens (i.e., +4)
- 53% practice trauma-informed care principles in their clinic

Compared to national data of 302 pediatricians who reported that only 4% ask about ACEs and 32% do not ask about any ACEs

Kerker et al., 2016
What happens after I screen for ACEs?

Talking about toxic stress and stress busters in an efficient and effective manner
Toxic stress explains how ACEs get “under the skin”

NERVOUS SYSTEM
Disruption to the developing brain, including changes to the hippocampus, prefrontal cortex and amygdala, may lead to an increase in risk of cognitive impairment, attention deficits, learning disabilities, hyperactivity, self-regulation, memory and attention, and anxiety.

CARDIOVASCULAR SYSTEM
Toxic stress can increase a person’s risk of developing high blood pressure, elevating levels of inflammation and other serious conditions.

IMMUNE SYSTEM
Higher risk of infection and other infectious diseases, as well as other factors, which can impact long-term health.

ENDOCRINE SYSTEM
Toxic stress can impact growth and development. It can also lead to obesity and changes in the timing of puberty, as well as other issues.

How would you explain this process to patients in 1-2 sentences?

Center for Youth Wellness, https://centerforyouthwellness.org/the-science/
ACEs and Toxic Stress Risk Assessment Algorithm

Full algorithm is available at: ACEsAware.org/clinical-assessment
Get to know the stress busters
Evidence-Based Strategies for Mitigating Toxic Stress

Quality sleep

- Promote sleep hygiene
- Bedtime routine
- Discuss what the barriers to good sleep might be
- Sleep-assessment tools (Pittsburgh Sleep Quality Index or Insomnia Severity Index)


Balanced nutrition

- Encourage healthy eating habits
- Proper nutrition helps combat stress
- General rule of thumb includes 5-9 servings of fruits and vegetables per day and foods rich in omega-3-fatty acids, including fish, nuts and fiber have been associated with decreased inflammation and improved health

Physical activity

- Recommend at least 60 minutes of physical activity
- Caregivers can break it up into 15-20-minute intervals

Mindfulness practices

- Educate about mindfulness
- Engage in mindfulness activities or use apps

Experiencing nature

- Nature can come in many forms, including parks, local green spaces, playgrounds, or indoor plants
- Recommending community resources that are outdoors
- https://www.parkrx.org/

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Ages</th>
<th>General Description</th>
</tr>
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<tbody>
<tr>
<td>Child-Parent Psychotherapy</td>
<td>Birth to 6 years</td>
<td>Dyadic intervention for young children and their caregivers that supports family strengths and relationships.</td>
</tr>
<tr>
<td>Parent-Child Interaction Therapy</td>
<td>2 - 12 years</td>
<td>Dyadic parent training treatment that emphasizes improving the quality of the parent-child relationship and interactions.</td>
</tr>
<tr>
<td>Cue-centered therapy</td>
<td>8 - 18 years</td>
<td>Protocol of 15 sessions through which children and caregivers learn about traumatic stress, how to cope rather than avoid, and the value of verbalizing their life experiences.</td>
</tr>
<tr>
<td>Trauma-focused cognitive behavioral therapy (TF-CBT)</td>
<td>Verbal children and adults</td>
<td>A structured, short-term treatment model for children and adults who have experienced trauma.</td>
</tr>
<tr>
<td>Eye movement desensitization reprocessing (EMDR)</td>
<td>Verbal children and adults</td>
<td>Focuses on helping clients resolve unprocessed traumatic memories.</td>
</tr>
<tr>
<td>Family systems therapy</td>
<td>Verbal children and adults</td>
<td>Supports resolving family conflict or issues.</td>
</tr>
<tr>
<td>Cognitive processing therapy</td>
<td>Adolescents and adults</td>
<td>A type of CBT, generally 12 sessions, that helps modify maladaptive thinking related to their trauma.</td>
</tr>
<tr>
<td>Prolonged exposure therapy</td>
<td>Adolescents and adults</td>
<td>A CBT approach that helps clients gradually approach their memories, feelings, and situations of trauma.</td>
</tr>
</tbody>
</table>

Supportive relationships

- Assessing social relationships
- Identifying challenges (bullying?)
- Increasing socially distant interactions
- Decreasing social media
- Recommending engagement in community resources


Open network and access for CBO's, healthcare providers and individuals to update and claim program listings

Easy to search and navigate low-cost and free sources for underserved communities, by distance, filters and program eligibility requirements

Thousands of resource listings for Orange County with over 3000 resources

Tool for Advancing Health Equity
Housing Navigation and Retention Services
by Illumination Foundation (IF)
Reviewed on: 04/23/2023

Housing Navigation and Retention are two services provided within the CalAIM (California Advancing and Innovating Medi-Cal) housing and healthcare service environment. This program provides - Help...

Main Services: temporary shelter, help find housing, short-term housing, navigating the system
Serving: all ages, individuals, families, with children, homeless

Next Steps:
Call 760-861-8554 or email css@ihouseno.org to get services.

3.74 miles (serves your local area)
7855 Katella Avenue, Stanton, CA 90680

Closed Now: See open hours

Recuperative Care
by Illumination Foundation (IF)
Reviewed on: 11/26/2022
Quick and effective ways of explaining ACEs and toxic stress
Lower Risk of Toxic Stress:
0 ACEs

“Thank you for completing the form that asked about certain events your child has experienced. It gives us information that helps us to better care for your child. From what I see on the form, your child has not experienced any of the things listed here. Is that correct?”

“We know that ACEs may occur at different points in life, so if you do experience any of these, don’t hesitate to check in with us because the science tells us that early intervention can help prevent negative physical and mental health outcomes. These things may include having healthy relationships with family and friends, eating healthy foods, getting regular exercise, spending time outside in nature, having a regular bedtime and getting enough sleep.”
Preventative Questions

- For patients:
  - “How do you cope with stressful situations?”
  - “Which of these strategies would you be interested in trying to help manage stress?”
  - “Let’s make a plan for how you can try these strategies during your day.”

- For parents:
  - “ACEs Aware has put together a self-care tool [show pediatric self-care tool]. We can look at some of these activities together and discuss what you think would be best for your routine. You may be doing some of these strategies already.”
ACEs Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child’s physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children’s brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child’s health. [Check the goals that you are picking for yourself and your family!]

- **Healthy relationships.** We’ve set a goal of...
  - Using respectful communication even when we are upset or angry
  - Spending more high-quality time together as a family, such as:
    - Having regular family meals together
    - Having regular no-electronics time for us to talk and/or play together
    - Talking, reading, and/or singing together every day
  - Making time to see friends to create a healthy support system for myself and our family
  - Connecting regularly with members of our community to build social connections
  - Asking for help if a relationship or environment feels physically or emotionally unsafe
    - The National Domestic Violence hotline is **800-799-SAFE (7233)**
    - The National Sexual Assault hotline is **800-656-HOPE (4673)**
    - To reach a crisis text line, text HOME to 741-741
  - Create your own goal: ____________________________
Intermediate Risk of Toxic Stress: 1-3 ACEs

“I see from this form that your child has experienced some of the things listed here. We now understand that exposure to stressful or traumatic experiences may alter the amount of stress hormones that your child’s body makes, and this can increase the risk for health and developmental problems.”

“The good news is that we also have strategies that have been shown to help children and adults calm the stress response. These include things like good nutrition, healthy sleep, spending time in nature, regular exercise, mental health support, mindfulness, and healthy relationships.”

“Which of these strategies would you be interested in trying to help manage stress? Let’s make a plan for how you can try these strategies during your day.”

Review pediatric self-care tool
High Risk of Toxic Stress:
1-3 ACEs with ACE-Associated Health Conditions OR
4 + ACEs with/without ACE-Associated Health Conditions

“I see that you answered “yes” to a number of questions, and your child’s ACEs may be contributing to their poor growth/asthma/diabetes/other AAHC].”

“It is possible that because of what your child has experienced or is experiencing, their body is making more stress hormones than it should. This could be what’s affecting their growth. I want to refer you to a specialist that can help you learn how to support the two of you and reduce the amount of stress hormones that their body is making.”

OPTIONAL: “We also know that a healthy caregiver is one of the most important ingredients for healthy children so an important part of helping your child heal will involve managing your own stress level and practicing taking care of yourself.”
Questions to ask adolescents who have endorsed an ACE

Assessing safety

- Do you feel safe now?
  Where do you feel the safest?
  Please know that our clinic is here to help if you ever feel scared or unsafe at home, at school, or anywhere.

Reviewing coping

- When things get hard for you, where do you draw your strength?
  How does this help you?
  How do your family or friends support you?
  When you are stressed or worried, what is most helpful?

Examining stress busters

- Is there an adult, like a mom, dad, aunt, uncle, grandparent, or mentor in your life who is there for you, no matter what?
  Who do you rely on?
  Practicing mindfulness for 10-12 minutes a day can be helpful in calming down some of the stress you might be feeling. Are there apps you have on your phone you can use?
  Have you taken a mindful walk before?
Transition to treatment and follow-up plan

• Review of stress busters
  • “Which of these strategies would you be interested in trying to help manage stress? Let’s make a plan for how you can try these strategies during your day.”

• Make a referral if need be
  • “I would also like to refer you/[child’s name] to some resources or services that could be helpful.”

• Following up
  • “I [or someone from my team] will contact you in ____ weeks/months to check in on whether [treatment(s) selected] are helping you/[child’s name].”
How has screening for ACE enhanced the care that your practice provides?

“ACEs allows us to provide early interventions and prevents possible problems to be addressed sooner”

“Identify the causes of stress related to problems faster in children”

“Allowing us to see the different views of stressors between parent and patient”

“Opens up the topics that are difficult to talk about”

“Able to find out the safety and trauma exposure of my patients”

“It takes care of traumatic experiences of patients that were not disclosed or discussed during their doctor and patient primary interactions”
ACEs Aware Online Provider Training

• Certified provider training is available on training.ACEsAware.org

• Free, 2-hour online course that offers CME and MOC credits

• Includes information on:
  ○ The impact of ACEs and toxic stress on health
  ○ Clinical scripts for introducing these topics
  ○ A clinical algorithm to assess for risk of toxic stress
  ○ Steps to create an appropriately tailored, strengths-oriented, and evidence-based treatment and follow-up plan

• Additional certified trainings will become available over time
Resources

**Book:** [Childhood Trauma and Resilience: A Practical Guide](#)

**Medi-Cal Billing Codes**

[Billing & Payment | ACEs Aware – Take action. Save lives.](#)

**Provider Toolkit**

[Provider Toolkit | ACEs Aware – Take action. Save lives.](#)

**Pediatric ACEs and Related Life-Events Screening Tools**

[Screening Tools in Multiple Languages | ACEs Aware – Take action. Save lives.](#)

**Sample Scripts for Pediatric Medical Team**

[ACE Screening Sample Scripts for Pediatric Clinical Teams (acesaware.org)](#)

**Communicating to your Patients about ACEs**

[Communicating about ACEs](#)

**Screening Adolescents and Addressing Unique Needs of Immigrant Youth**

[Screening Adolescents](#)
Questions?

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Dr. Heather Huszti
Melinda Klososke
Ashley White
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